





# Ability Self-Assessment

Evaluate your capabilities, limitations and needs, as well as your surroundings to determine what type of help you will need in an emergency.

## Abilities/Preparedness

Yes	No	Do you know the location of all fire alarms and extinguishers?	
Yes	No	• Are you able to activate the fire alarms?	
Yes	No	Can you operate a fire extinguisher?	
Yes	No	• Have you practiced?	
Yes	No	Do you know the location of ALL exits?	
Yes	No	• Have you evaluated your ability to use them?	
Yes	No	Have you determined how you may be of assistance to others in an emergency? (i.e. guiding people to and through darkened spaces and exits if you have no or low vision, offering calming and emotional support, etc.)	
Yes	No	Have you anticipated how you will function if your service animal becomes confused, panicked, frightened or disoriented? A harness leash, pad protectors (for hot asphalt, hot metal stairs, broken glass) are important items for managing a nervous or upset animal. Be prepared to use alternative ways to negotiate your environment (i.e. sighted guides, members of your personal support network who can offer emotional support).	
Yes	No	Do you keep critical carry-with-you supplies:	
Yes	No	• Essential medication?	
Yes	No	• Small flashlight?	
Yes	No	• Fully charged portable devices and extra batteries) such as a cell phone. Many people used cell phones and two-way pagers on 9/11/01 to alert authorities or to call loved ones.	
Yes	No	• Paper and pencil?	
Yes	No	• Customized, pre-printed message?	
Yes	No	• Emergency Health Information? It should communicate to rescuers what they need to know if they find you unconscious or incoherent or if they need to quickly help evacuate you (list of current medications, allergies, special equipment, names, addresses, and telephone numbers of doctors, pharmacies, family members, friends, and any other important information).	

## Evacuating a Site After Usual Business Hours

Yes	No	Determine your risks regarding being in the building after usual working hours when there are fewer people to provide emergency assistance?	
Yes	No	• Is there a way you can make your presence known to others including personnel in the security or emergency control center, when in the building after hours?	
Yes	No	• Do you know how to reach emergency personnel in case on an emergency?	



## Sight

Yes	No	Will you be able to evacuate independently without relying on the usual auditory cues (such as the hum of the copy machine near the stairs)? (These cues will be absent, if the electricity goes off or alarms are blaring).
Yes	No	Can you read the emergency signage in print or Braille?
Yes	No	Are there raised and Braille characters on signs that designate exits, direction to exits, information on exit routes, and floors designated by numbers or letters, including floor level designations provided in stairwells?
Yes	No	Is there emergency lighting along the escape route that will automatically light, if electrical service is interrupted?
Yes	No	If you wear contact lenses, what will you do if and when smoke, dust or fumes become painful or dangerous. Do you keep glasses with you?
Yes	No	Can you use the two-way communication devices installed in the elevators and areas of refuge/ rescue assistance?
Yes	No	Have you instructed your personal support network how to act as a "sighted guide" if needed?

## Hearing

Yes	No	Have you practiced having people communicate emergency information to you?
Yes	No	Does the building have two-way communication devices installed in the elevators and areas of refuge/rescue assistance?
Yes	No	<ul style="list-style-type: none"> <li>Have you practiced using them in a non-emergency to make sure the system works?</li> </ul>
Yes	No	Do you know the locations of text telephones or phones that have amplification?
Yes	No	Do emergency alarm systems have audible and visible features (visual strobes)?
Yes	No	If you are hard of hearing will you be able to hear over the sound of very loud emergency alarms? How will you understand emergency information and directions that are typically given verbally? (Hearing aids amplify background noise, so the sound of the alarms may interfere or drown out voice announcements). Instruct your support network to speak looking at you and to repeat critical announcements.
Yes	No	Will your hearing aids work if they get wet, for example from sprinklers?
Yes	No	Are the newer displays (television monitors or scrolling text signs) available throughout your site? Will they work if the power goes out?
Yes	No	<ul style="list-style-type: none"> <li>Do you know all their locations?</li> </ul>
Yes	No	Are portable devices (tactile/vibrating pagers) available for you to use?
Yes	No	Do you keep with you a small flashlight handy to aid in seeing visual cues during an emergency?
Yes	No	Have you determined how you will communicate with colleagues and emergency personnel if there is no interpreter or if your hearing aid(s) are not working?
Yes	No	<ul style="list-style-type: none"> <li>Do you carry with you paper and pens?</li> </ul>
Yes	No	<ul style="list-style-type: none"> <li>Do you carry a pre-printed copy of key phrase messages with you such as "I use American Sign Language (ASL)," "I do not write or read English well," "If you make announcements, I will need to have them written simply or signed."</li> </ul>

## Deaf-Blind

Yes	No	Do you have a personal support network? Since the usual alarms or flashing lights won't work, it is critical that you have a large personal support network.
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## Speech



Yes	No	Have you determined how you will communicate with colleagues and emergency personnel, if you do not have your usual communication devices (augmentative communication device, word board, artificial larynx)?
Yes	No	Do you store copies of a word or letter board, paper and writing materials, pre-printed messages and key phrases specific to an anticipated emergency, in your wallet, backpack or purse?
Yes	No	Does your Emergency Health Information Card explain the best method to communicate with you (written notes, pointing to letters/words/pictures)?

## Memory, Judgment, Learning and Related Information Processing



Yes	No	Have you practiced how to communicate your needs?
Yes	No	Have you anticipated the types of reactions you may have in an emergency and planned strategies for coping with these reactions? (There are a number of reactions that may occur or become more intense during an emergency. Such reactions include: confusion, thought processing and memory difficulties, agitation, paranoia, crying, fear, panic, anxiety, and shaking. Think through the types of reactions you may anticipate and plan strategies for coping with these reactions. Prepare your personal support network to assist you with these planned strategies).
Yes	No	Does your Emergency Health Information explain the best method to assist you?

## Assistive Device Users

Yes	No	What will it take to get your wheelchair or other important assistive devices out of the building?
Yes	No	Have you informed your personal support network how to operate and safely move your equipment if necessary?
Yes	No	Have you labeled equipment, added simple instruction cards (laminated instruction cards for added durability) and attached them to equipment regarding how to operate and safely move?
Yes	No	Do you keep a copy of these instructions with you and have you shared copies with your personal support network?
Yes	No	If you are a manual wheelchair user, do you carry heavy gloves with you to protect hands from debris while pushing?
Yes	No	Have you thought through all your options if you are not able to be evacuated in your chair or other assistive device?

## Physical/Mobility

Yes	No	Can you operate a fire extinguisher?
Yes	No	• Have you practiced?
Yes	No	• Will extended handles make them usable for you?
Yes	No	Do you know the location of all exits and your ability to navigate them?
Yes	No	Do you know where all evacuation chairs are stored?
Yes	No	• Have you practiced using them?
Yes	No	Do you know where all, if any, rescue areas are located?
Yes	No	Can you reach and activate an alarm?
Yes	No	Will you be able to independently evacuate from the site? (What will it take)?
Yes	No	• How long will it take?
Yes	No	• Will you need someone to help with your balance and help you to walk down steps more quickly?
Yes	No	• Would it be faster if you used an evacuation chair or were carried?
Yes	No	• If you absolutely had to, could you bump down the stairs on your butt, crawl, etc? Will you need something to strap on to protect your butt? Gloves to protect your hands? Etc.
Yes	No	• Have you tested this method?
Yes	No	Can you transfer in and out of evacuation devices independently, or with assistance?
Yes	No	Can you give quick instructions regarding how to safely transport you if you need to be carried?
Yes	No	• Have you included any areas of vulnerability regarding how to safely remove you from your chair?
Yes	No	• If you want to be lifted in your chair make sure this is realistic (How much does your chair weigh with you in it)?
Yes	No	Do you know where all the areas of refuge/rescue assistance are located? (See Areas of Refuge/Rescue Assistance)
Yes	No	Do you know if your site has "evacuation elevators" and where they are located? (see Use of Elevators)



## Allergies, Multiple Chemical Sensitivities (MCS)

Yes	No	Do you carry supplies with you based on your worse days:
Yes	No	• Industrial respirator with gas-mist filters?
Yes	No	• Gloves?
Yes	No	• Inhaler?
Yes	No	• Nicotine gum for use in bargaining with rescuers or distraught people who will want to smoke cigarettes?
Yes	No	Does your emergency health information clearly explain your sensitivities and reactions, most helpful treatments, and treatments which are harmful? Be specific, as other conditions (disorientation, aphasia, panic) may be diagnosed and treated as something other than chemical sensitivity and you may not be able to describe your needs verbally.



Please let the author know of other items to include in future versions of this list—jik@pacbell.net